



Janice K. Brewer, Governor

Arizona State Veterinary Medical Examining Board  
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Phone: 602-364-1PET (1738) ♦ Fax: 602-364-1039

[vetboard.az.gov](http://vetboard.az.gov)

Victoria Whitmore, Executive Director

## APPLICATION FOR AN ANIMAL CREMATORY LICENSE

*Licensing Fee: \$400.00 ♦ All fees are non-refundable.*

### **Alternative Format for Submitting Application**

An individual with a disability who, as a result of the disability, requires this application to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

**Please complete the following:**

**1. Name of Animal Crematory:** \_\_\_\_\_

Physical Address of Animal Crematory: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**2. Name of each responsible owner of the animal crematory:**

*Check only one (1) box and complete required information:*

☐ **Owner is an individual:**

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

☐ **Owner is a partnership:** (If more space is required, attach a separate sheet of paper.)

Name of Partner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Partner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

☐ **Owner is a corporation or another business form:** Supply name of all individuals owning at least 10 percent of the business. (If more space is required, attach a separate sheet of paper.)

Name of Corporation/Business: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**3. Name of the operator:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**4. Descriptions:** (If more space is required, attach a separate sheet of paper.)

**A. Describe the services to be provided at the animal crematory:** (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Cremation    | <input type="checkbox"/> Transport of sharps/bio-hazardous                      |
| <input type="checkbox"/> Communal Cremation      | <input type="checkbox"/> Pick up and delivery of remains provided by Crematory. |
| <input type="checkbox"/> Public Viewing          | <input type="checkbox"/> Transportation of remains provided by a third party.   |
| <input type="checkbox"/> Private Viewing         |   |
| <input type="checkbox"/> Other, please describe: |   |

\_\_\_\_\_  
\_\_\_\_\_

**B. Describe the animal crematory:**

- Building: Free Standing: \_\_\_\_\_ Strip Mall: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Other: \_\_\_\_\_
- Size - Square Footage: \_\_\_\_\_ Type of Ventilation: \_\_\_\_\_
- Is the animal crematory part of veterinary premise? Y N
- If yes, name of premise: \_\_\_\_\_ Premise License # \_\_\_\_\_
- Equipment: Inside of Building: \_\_\_\_\_
- Outside of Building: \_\_\_\_\_ Fenced? Y N
- Other, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Describe the cremation equipment:** *If more than three pieces of equipment, attach a separate sheet of paper answering the same questions as listed below:*

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_
  - Type of unit: \_\_\_\_\_ Size of Unit: \_\_\_\_\_
  - Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_
  - Last service date: \_\_\_\_\_ Has unit been modified? Yes No
  - If yes, date of modification: \_\_\_\_\_ Type of modification: \_\_\_\_\_  
\_\_\_\_\_
2. Make: \_\_\_\_\_ Model: \_\_\_\_\_
  - Type of unit: \_\_\_\_\_ Size of unit: \_\_\_\_\_
  - Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_
  - Last service date: \_\_\_\_\_ Has unit been modified? Yes No
  - If yes, date of modification: \_\_\_\_\_ Type of modification: \_\_\_\_\_  
\_\_\_\_\_
3. Make: \_\_\_\_\_ Model: \_\_\_\_\_
  - Type of unit: \_\_\_\_\_ Size of unit: \_\_\_\_\_
  - Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_
  - Last service date: \_\_\_\_\_ Has unit been modified? Yes No
  - If yes, date of modification: \_\_\_\_\_ Type of modification: \_\_\_\_\_  
\_\_\_\_\_

I (please print), \_\_\_\_\_, the operator of \_\_\_\_\_ (name of crematory) make application to the Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board **and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; **and that** the Board may report any falsification of information to other licensing agencies and boards.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Operator Date

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**RESPONSIBLE OWNER TO COMPLETE THIS SECTION:**

I (please print), \_\_\_\_\_, the responsible owner of \_\_\_\_\_ (name of crematory) make application to the Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board **and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; **and that** the Board may report any falsification of information to other licensing agencies and boards.

\_\_\_\_\_/\_\_\_\_\_  
Signature of a Responsible Owner Date

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**ALL THE FOLLOWING DOCUMENTS  
MUST ACCOMPANY THIS APPLICATION**

1. Submit required non-refundable fee of \$400.00.
2. Submit evidence that the operator received training in the safe and proper operation of the cremation chamber.
3. Corporations must attach Articles of Incorporation to this application.
4. Please include copies of all licenses and permits for this operation (DEQ permits, county licenses, city business license, etc.)